

CLAIMS ONLY						Application Number 10/716165	Filing Date			
						Applicant(s)				
						* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*	*	*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							51			
2							52			
3							53			
4							54			
5							55			
6							56	/	/	
7							57	/	/	
8							58	/	/	
9							59	/	/	
10							60	/	/	
11							61	/	/	
12							62	/	/	
13							63	/	/	
14							64	/	/	
15							65	/	/	
16							66	/	/	
17							67	/	/	
18							68	/	/	
19							69	✓	/	
20							70	/	/	
21							71	/	/	
22							72	/	/	
23							73	/	/	
24							74	/	/	
25							75	/	/	
26							76	/	/	
27							77	/	/	
28							78	/	/	
29							79	/	/	
30							80			
31							81	/	/	
32							82	/	/	
33							83	/	/	
34							84	/	/	
35							85	/	/	
36							86	/	/	
37							87	/	/	
38							88	/	/	
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep							Total Indep	12		
Total Depend							Total Depend	21	21	
Total Claims							Total Claims	33	33	